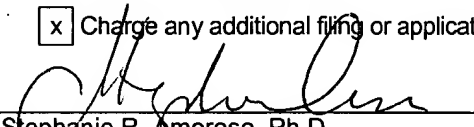


<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 20087/000J067-US0		
Application No. 09/807,234		Filing Date April 6, 2001	Examiner A. H. Spiegler	Art Unit 1637	
Applicant(s): Tae-Shin Park et al.					
Invention: GENOTYPING KIT FOR DIAGNOSIS OF HUMAN PAPILLOMAVIRUS INFECTION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 40 =	0	x	0.00
Independent Claims	6	- 6 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Stephanie R. Amoroso, Ph.D. Attorney Reg. No.: 51,401			Dated: <u>December 3, 2004</u>		
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
Express Mail Label No. _____ Dated: _____					



**Dated:** \_\_\_\_\_

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner: Alexander H. Spiegler

For: GENOTYPING KIT FOR DIAGNOSIS OF  
HUMAN PAPILLOMAVIRUS INFECTION

## SUPPLEMENTAL AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

Dear Sir:

## INTRODUCTORY COMMENTS

In response to the Notice of Non-compliant Amendment dated November 26, 2004, please enter the revised claim listing. Claim 25 has been revised to reflect that it is being currently amended and not twice amended.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/807,234	
	Filing Date	April 6, 2001	
	First Named Inventor	Tae-Shin Park	
	Art Unit	1637	
	Examiner Name	A. H. Spiegler	
Total Number of Pages in This Submission	10	Attorney Docket Number	20087/000J067-US0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Stephanie R. Amoroso, Ph.D.		
Date	December 3, 2004	Reg. No.	51,401



Application No. (if known): 09/807,234

Attorney Docket No.: 20087/000J067-US0

## Certificate of Express Mailing Under 37 CFR 1.10

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Supplemental Amendment (7 pages)  
Amendment Transmittal Letter (1 page)  
Transmittal (1 page)  
Return Receipt Postcard